

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DIST. OF PENNSYLVANIA

Case number (if known): _____ Chapter you are filing under:

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

☐ Check if this is an
amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy****12/15**

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Troy First Name W. Middle Name Scott Last Name III Suffix (Sr., Jr., II, III)	Ja'Net First Name M. Middle Name Bryant-Scott Last Name Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names.	Troy First Name W. Middle Name Scott Last Name	 First Name Middle Name Last Name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - 7 8 4 7 OR 9xx - xx -	xxx - xx - 9 3 7 2 OR 9xx - xx -

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

About Debtor 1:

☐ I have not used any business names or EINs.

Naturally Yours Hair Salon

Business name

Business name

Business name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

☒ I have not used any business names or EINs.

Business name

Business name

Business name

EIN

EIN

5. Where you live

212 Edenderry Way

Number Street

Enola

City

PA

State

17025

ZIP Code

Cumberland

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

8. How you will pay the fee

- ☒ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).
- ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No
- ☐ Yes.
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
- ☐ Yes.
- Debtor _____ Relationship to you _____
- District _____ When _____ Case number, _____
MM / DD / YYYY if known
- Debtor _____ Relationship to you _____
- District _____ When _____ Case number, _____
MM / DD / YYYY if known

11. Do you rent your residence?

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?
- ☐ No. Go to Part 4.
- ☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Naturally Yours Hair Salon

Name of business, if any

2539 Walnut Street

Number Street

Harrisburg

City

PA

State

17103

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☒ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
- ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?
- ☒ No
- ☐ Yes. What is the hazard?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.
-
17. Are you filing under Chapter 7?
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?
- ☒ No. I am not filing under Chapter 7. Go to line 18.
☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
☐ Yes
18. How many creditors do you estimate that you owe?
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
19. How much do you estimate your assets to be worth?
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
20. How much do you estimate your liabilities to be?
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

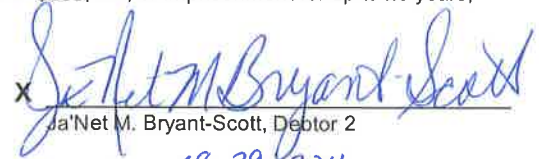
X



Troy W. Scott, III, Debtor 1

Executed on 8/29/16
MM / DD / YYYY

X



Ja'Net M. Bryant-Scott, Debtor 2

Executed on 08 29 2016
MM / DD / YYYY

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X Tracy L. Updike
Signature of Attorney for Debtor

Date 8/29/16
MM / DD / YYYY

Tracy L. Updike

Printed name

Schiffman, Sheridan & Brown PC

Firm Name

2080 Linglestown Road, Suite 201

Number Street

Harrisburg

City

PA

State

17110

ZIP Code

Contact phone **(717) 540-9170**

Email address **tupdike@ssbc-law.com**

88680

Bar number

PA

State

Certificate Number: 00437-PAM-CC-027699392



00437-PAM-CC-027699392

CERTIFICATE OF COUNSELING

I CERTIFY that on July 5, 2016, at 10:44 o'clock AM MDT, Troy Scott received from Black Hills Children's Ranch, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Middle District of Pennsylvania, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 5, 2016 By: /s/Kenna Bridwell

Name: Kenna Bridwell

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 00437-PAM-CC-027699393



00437-PAM-CC-027699393

CERTIFICATE OF COUNSELING

I CERTIFY that on July 5, 2016, at 10:44 o'clock AM MDT, Ja'Net Bryant-Scott received from Black Hills Children's Ranch, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Middle District of Pennsylvania, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 5, 2016 By: /s/Kenna Bridwell

Name: Kenna Bridwell

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Fill in this information to identify your case and this filing:

Debtor 1	Troy	W.	Scott, III
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Ja'Net	M.	Bryant-Scott
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1.

212 Edenderry Way

Street address, if available, or other description

Enola **PA** **17025-0000**
City State ZIP Code

Cumberland
County

Valued by Market Analysis dated
06/28/2016

What is the property?

Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property?

Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local
property identification number:**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the
entire property?**

\$240,000.00

**Current value of the
portion you own?**

\$240,000.00

**Describe the nature of your ownership
interest (such as fee simple, tenancy by the
entireties, or a life estate), if known.**

Fee Simple

☐ Check if this is community property
(see instructions)

Debtor 1 **Troy** **W.** **Scott, III** Case number (if known) _____
First Name Middle Name Last Name

1.2.

Westgate Lakes
Orlando, FL

Westgate Lakes

County _____

What is the property?

Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☒ Timeshare
☐ Other _____

Who has an interest in the property?

Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$3,000.00

Current value of the portion you own?

\$3,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... ➔

\$243,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1.

Make: **BMW**
Model: **528i**
Year: **2009**
Approximate mileage: **125,000**

Other information:

2009 BMW 528i (approx. 125000 miles)

Who has an interest in the property?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$8,229.00

Current value of the portion you own?

\$8,229.00

3.2.

Make: **Mercedes**
Model: **E350**
Year: **2006**
Approximate mileage: **148,000**

Other information:

2006 Mercedes E350 (approx. 148000 miles)

Who has an interest in the property?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$5,358.00

Current value of the portion you own?

\$5,358.00

Debtor 1 **Troy** **W.** **Scott, III** Case number (if known) _____
 First Name Middle Name Last Name

3.3. **Who has an interest in the property?** Do not deduct secured claims or exemptions. Put the
 Make: Hyundai Check one. amount of any secured claims on *Schedule D:*
 Model: Elanta ☒ Debtor 1 only *Creditors Who Have Claims Secured by Property.*
 Year: 1997 ☐ Debtor 2 only
 Approximate mileage: 200,000 ☐ Debtor 1 and Debtor 2 only
 Other information: ☐ At least one of the debtors and another
1997 Hyundai Elanta (approx. 200000 miles) ☐ Check if this is community property
 (see instructions)

Current value of the entire property? \$100.00 Current value of the portion you own? \$100.00

3.4. **Who has an interest in the property?** Do not deduct secured claims or exemptions. Put the
 Make: Ford Check one. amount of any secured claims on *Schedule D:*
 Model: Focus ☐ Debtor 1 only *Creditors Who Have Claims Secured by Property.*
 Year: 2004 ☒ Debtor 2 only
 Approximate mileage: 215,000 ☐ Debtor 1 and Debtor 2 only
 Other information: ☐ At least one of the debtors and another
2004 Ford Focus (approx. 215000 miles) ☐ Check if this is community property
 (see instructions)

Current value of the entire property? \$450.00 Current value of the portion you own? \$450.00

3.5. **Who has an interest in the property?** Do not deduct secured claims or exemptions. Put the
 Make: Suzuki Check one. amount of any secured claims on *Schedule D:*
 Model: Katana 600 ☒ Debtor 1 only *Creditors Who Have Claims Secured by Property.*
 Year: _____ ☐ Debtor 2 only
 Approximate mileage: _____ ☐ Debtor 1 and Debtor 2 only
 Other information: ☐ At least one of the debtors and another
Suzuki Katana 600 (not registered/operable) ☐ Check if this is community property
 (see instructions)

Current value of the entire property? \$1,390.00 Current value of the portion you own? \$1,390.00

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories
☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any
 entries for pages you have attached for Part 2. Write that number here..... ➔ **\$15,527.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the
 portion you own?
 Do not deduct secured
 claims or exemptions.

6. **Household goods and furnishings**
Examples: Major appliances, furniture, linens, china, kitchenware
☐ No
☒ Yes. Describe..... **Household goods and furnishings including but not limited to sofas, chairs, appliances, table, chairs, cookware, dishes, utensils, beds, printers, bedding, bureaus, dressers, grill, lawnmower, washer, dryer and other small miscellaneous household goods and home decor items** \$4,500.00

7. **Electronics**
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games
☐ No
☒ Yes. Describe..... **Electronics including TVs, stereos, computers** \$750.00

8. **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
☐ Yes. Describe.....

9. **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No
☐ Yes. Describe.....

10. **Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe.....

11. **Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe..... **Clothes**

\$500.00

12. **Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- ☐ No
☒ Yes. Describe..... **Jewelry including wedding set and costume jewelry**

\$1,000.00

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

- ☐ No
☒ Yes. Describe..... **2 dogs**

\$20.00

14. **Any other personal and household items you did not already list, including any health aids you did not list**

- ☒ No
☐ Yes. Give specific information.....

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....** →

\$6,770.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☒ No
☐ Yes..... Cash:

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
☒ Yes..... Institution name:

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

17.1. Checking account: Checking account with First National Bank (#7209) \$2,996.09

17.2. Checking account: Checking account with First National Bank (#2088 Business) \$424.73

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Naturally Yours Hair Salon (see fixtures and equipment infra)

100%

\$0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan: 401(k) with Fidelity

\$31,226.40

401(k) or similar plan: 401(k) with Fidelity

\$23,365.90

Pension plan:

Pension plan with Commonwealth of Pennsylvania Public School Employees Retirement System

Unknown

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No

☒ Yes.....

Institution name or individual:

Security deposit on rental unit:

David Ionni, Landlord

Naturally Yours Hair Salon

\$375.00

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them

27. Licenses, franchises, and other general intangibles
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☐ No
☒ Yes. Give specific information about them **Cosmetology Teacher License** **\$0.00**

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☐ No
☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....
Federal: 2014 and 2015 Federal Tax Refunds (est. value - likely to attempt offset for tax lien). Amt: \$1,200.00
 Federal: **\$1,200.00**
 State: **\$0.00**
 Local: **\$0.00**

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information
 Alimony: **\$0.00**
 Maintenance: **\$0.00**
 Support: **\$0.00**
 Divorce settlement: **\$0.00**
 Property settlement: **\$0.00**

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
☒ Yes. Name the insurance company of each policy and list its value.....

Company name:	Beneficiary:	Surrender or refund value:
Term life insurance policy with MetLife		\$0.00
Term life insurance policy with MetLife		\$0.00
Whole life insurance policy with New York Life	Parents/brother	\$7,196.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No
☐ Yes. Give specific information

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →

\$66,784.12

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☐ No. Go to Part 6.
☒ Yes. Go to line 38.

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
☐ Yes. Describe..

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe..

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☐ No
☒ Yes. Describe.. **Fixtures and equipment used in the business Natually Yours Hair Salon including, 2 chairs, 6 waiting area chairs, 1 dryer, 1 blowdryer, 1 flat iron**

\$500.00

41. Inventory

- ☒ No
☐ Yes. Describe..

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe..... Name of entity: % of ownership:

43. Customer lists, mailing lists, or other compilations

- ☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe.....

Debtor 1 **Troy** **W.** **Scott, III**
First Name Middle Name Last Name

Case number (if known) _____

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... →

\$500.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes....

48. Crops--either growing or harvested

- ☒ No
☐ Yes. Give specific
information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes....

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes....

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific
information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... → \$243,000.00

56. Part 2: Total vehicles, line 5 \$15,527.00

57. Part 3: Total personal and household items, line 15 \$6,770.00

58. Part 4: Total financial assets, line 36 \$66,784.12

59. Part 5: Total business-related property, line 45 \$500.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61..... \$89,581.12 Copy personal property total → + \$89,581.12

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$332,581.12

Fill in this information to identify your case:

Debtor 1	Troy	W.	Scott, III
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Ja'Net	M.	Bryant-Scott
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA			
Case number (if known)			

☐ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt****04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Brief description: 212 Edenderry Way Valued by Market Analysis dated 06/28/2016 Line from <i>Schedule A/B</i> : <u>1.1</u>	<u>\$240,000.00</u>	<input checked="" type="checkbox"/> Up to \$23,650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
Brief description: 2009 BMW 528i (approx. 125000 miles) (1st exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$8,229.00</u>	<input checked="" type="checkbox"/> \$3,775.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: 2009 BMW 528i (approx. 125000 miles) (2nd exemption claimed for this asset) Line from Schedule A/B: <u>3.1</u>	<u>\$8,229.00</u>	<input checked="" type="checkbox"/> <u>\$3,774.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: 2006 Mercedes E350 (approx. 148000 miles) Line from Schedule A/B: <u>3.2</u>	<u>\$5,358.00</u>	<input checked="" type="checkbox"/> <u>\$5,358.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: 1997 Hyundai Elanta (approx. 200000 miles) Line from Schedule A/B: <u>3.3</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: 2004 Ford Focus (approx. 215000 miles) Line from Schedule A/B: <u>3.4</u>	<u>\$450.00</u>	<input checked="" type="checkbox"/> <u>\$450.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Brief description: Suzuki Katana 600 (not registered/operable) Line from Schedule A/B: <u>3.5</u>	<u>\$1,390.00</u>	<input checked="" type="checkbox"/> <u>\$1,390.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Household goods and furnishings including but not limited to sofas, chairs, appliances, table, chairs, cookware, dishes, utensils, beds, printers, bedding, bureaus, dressers, grill, lawnmower, washer, dryer and other small miscellaneous household goods and home decor items Line from Schedule A/B: <u>6</u>	<u>\$4,500.00</u>	<input checked="" type="checkbox"/> <u>\$4,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Electronics including TVs, stereos, computers Line from Schedule A/B: <u>7</u>	<u>\$750.00</u>	<input checked="" type="checkbox"/> <u>\$750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Clothes Line from Schedule A/B: <u>11</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Jewelry including wedding set and costume jewelry Line from Schedule A/B: <u>12</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: 2 dogs Line from Schedule A/B: <u>13</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Checking account with First National Bank (#7209) Line from Schedule A/B: <u>17.1</u>	<u>\$2,996.09</u>	<input checked="" type="checkbox"/> <u>\$2,996.09</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Checking account with First National Bank (#2088 Business) Line from Schedule A/B: <u>17.2</u>	<u>\$424.73</u>	<input checked="" type="checkbox"/> <u>\$424.73</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Naturally Yours Hair Salon (see fixtures and equipment infra) Line from Schedule A/B: <u>19</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>Up to \$2,375.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(6)
Brief description: 401(k) with Fidelity Line from Schedule A/B: <u>21</u>	<u>\$31,226.40</u>	<input checked="" type="checkbox"/> <u>\$31,226.40</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)
Brief description: 401(k) with Fidelity Line from Schedule A/B: <u>21</u>	<u>\$23,365.90</u>	<input checked="" type="checkbox"/> <u>\$23,365.90</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)
Brief description: Pension plan with Commonwealth of Pennsylvania Public School Employees Retirement System Line from Schedule A/B: <u>21</u>	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>Unlimited</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)
Brief description: David Ionni, Landlord Naturally Yours Hair Salon Line from Schedule A/B: <u>22</u>	<u>\$375.00</u>	<input checked="" type="checkbox"/> <u>\$375.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Cosmetology Teacher License Line from Schedule A/B: <u>27</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> Up to \$2,375.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(6)
Brief description: 2014 and 2015 Federal Tax Refunds (est. value - likely to attempt offset for tax lien) Line from Schedule A/B: <u>28</u>	<u>\$1,200.00</u>	<input checked="" type="checkbox"/> \$1,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Term life insurance policy with MetLife Line from Schedule A/B: <u>31</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> Unlimited <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Brief description: Term life insurance policy with MetLife Line from Schedule A/B: <u>31</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> Unlimited <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Brief description: Whole life insurance policy with New York Life Line from Schedule A/B: <u>31</u>	<u>\$7,196.00</u>	<input checked="" type="checkbox"/> \$7,196.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(8)
Brief description: Fixtures and equipment used in the business Natually Yours Hair Salon including, 2 chairs, 6 waiting area chairs, 1 dryer, 1 blowdryer, 1 flat iron Line from Schedule A/B: <u>40</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(6)

Fill in this information to identify your case:

Debtor 1	<u>Troy</u>	<u>W.</u>	<u>Scott, III</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Ja'Net</u>	<u>M.</u>	<u>Bryant-Scott</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DIST. OF PENNSYLVANIA</u>			
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral
that supports this claim

Column C
Unsecured portion
If any

2.1

Describe the property that secures the claim:

\$308,067.55\$240,000.00\$68,067.55Ditech Financial, LLC

Creditor's name

P.O. Box 6172

Number Street

212 Edenderry Way

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

First MortgageRapid City SD 57709

City

State

ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 06/2006Last 4 digits of account number 0 5 2 7

Add the dollar value of your entries in Column A on this page. Write that number here:

\$308,067.55

Debtor 1 **Troy** **W.** **Scott, III**
First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
Do not deduct the
value of collateral

Column B
Value of collateral
that supports this
claim

Column C
Unsecured
portion
If any

2.2

Describe the property that
secures the claim:

\$9,104.36

\$0.00

\$9,104.36

East Pennsboro Township

Creditor's name

98 South Enola Drive

Number Street

Room 103

212 Edenderry Way

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Enola **PA** **17025**

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates
to a community debt

Date debt was incurred **11/2015**

Last 4 digits of account number **0 0 0 1**

2.3

Describe the property that
secures the claim:

\$680.00

\$8,229.00

IFinancial

Creditor's name

6248 Chatham Glenn Way North

Number Street

**2009 BMW 528i (approx.
125000 miles)**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Harrisburg **PA** **17111**

City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates
to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write
that number here:

\$9,784.36

Debtor 1 **Troy** **W.** **Scott, III** Case number (if known) _____
First Name Middle Name Last Name

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
Do not deduct the
value of collateral

Column B
Value of collateral
that supports this
claim

Column C
Unsecured
portion
If any

2.4

Describe the property that
secures the claim:

\$12,585.47

\$0.00

\$12,585.47

Internal Revenue Service

Creditor's name

Centralized Insolvency Operation

Number Street

P.O. Box 7346

All personal property

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Federal tax lien

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates
to a community debt

Date debt was incurred **2003 & 2006**

Last 4 digits of account number

2 5 9 3

2.5

Describe the property that
secures the claim:

\$917.22

\$0.00

\$917.22

PA Department of Revenue

Creditor's name

Bankruptcy Division

Number Street

P.O. Box 280946

All personal property

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

State Tax Lien

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates
to a community debt

Date debt was incurred **2006**

Last 4 digits of account number

5 2 7 5

Add the dollar value of your entries in Column A on this page. Write
that number here:

\$13,502.69

Debtor 1 **Troy** **W.** **Scott, III**
First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
Do not deduct the
value of collateral

Column B
Value of collateral
that supports this
claim

Column C
Unsecured
portion
If any

2.6

Describe the property that
secures the claim:

\$23,000.00

\$240,000.00

\$23,000.00

Pennsylvania Housing Finance Agen

Creditor's name

P.O. Box 8029

Number Street

212 Edenderry Way

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Second Mortgage

Harrisburg **PA** **17105-8029**

City

State

ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates
to a community debt

Date debt was incurred **03/2008**

Last 4 digits of account number

2.7

Describe the property that
secures the claim:

\$3,002.15

\$0.00

\$3,002.15

Unemployment Compensation Fund

Creditor's name

16th Floor

Number Street

L&I Building

All personal property

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☒ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates
to a community debt

Date debt was incurred **2013**

Last 4 digits of account number

1 7 0 7

Add the dollar value of your entries in Column A on this page. Write
that number here:

\$26,002.15

Debtor 1 **Troy W. Scott, III**
First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
Do not deduct the
value of collateral

Column B
Value of collateral
that supports this
claim

Column C
Unsecured
portion
If any

2.8

Describe the property that
secures the claim:

\$9,800.00

\$3,000.00

\$6,800.00

Westgate Resorts

Creditor's name

8680 Commodity Circle

Number Street

Timeshare mortgage

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates
to a community debt

Date debt was incurred _____

Last 4 digits of account number

0 7 0 3

Add the dollar value of your entries in Column A on this page. Write
that number here:

\$9,800.00

If this is the last page of your form, add the dollar value totals from
all pages. Write that number here:

\$367,156.75

Debtor 1 **Troy** **W.** **Scott, III** Case number (if known) _____
First Name Middle Name Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1

Ditech Financial LLC

Name

c/o Nora Viggiano, Esquire

Number Street

3000 Bayport Drive, Suite 880

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number _____

Tampa

City

FL

State

33607

ZIP Code

2

Kathryn L. Mason, Esquire

Name

JSDC Law Offices

Number Street

P.O. Box 650

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number _____

Hershey

City

PA

State

17033

ZIP Code

3

KML Law Group, PC

Name

Ste. 5000 BNY Mellon Independence Ctr

Number Street

701 Market Street

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number _____

Philadelphia

City

PA

State

19106

ZIP Code

Fill in this information to identify your case:

Debtor 1	<u>Troy</u>	<u>W.</u>	<u>Scott, III</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Ja'Net</u>	<u>M.</u>	<u>Bryant-Scott</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DIST. OF PENNSYLVANIA</u>			
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** claims and Part 2 for creditors with **NONPRIORITY** claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

4.1

\$13,921.00

Ally Financial

Nonpriority Creditor's Name

P.O. Box 380901

Number Street

Last 4 digits of account number 0 3 3 0

When was the debt incurred? 05/2006

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Bloomington MN 55438

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Automobile deficiency

4.2

\$2,023.00

Atlantic Credit & Finance

Nonpriority Creditor's Name

2727 Franklin Road

Number Street

Last 4 digits of account number 0 9 4 8

When was the debt incurred? 02/2009

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Roanoke VA 24014

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Judgment

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

\$131.00

Berks Credit & Collections

Nonpriority Creditor's Name

P.O. Box 329

Number Street

Last 4 digits of account number 4 x x x

When was the debt incurred? 06/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Temple **PA** **19560-0329**
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for West Shore Surgery Center

4.4

\$418.00

Bureau of Account Management

Nonpriority Creditor's Name

3607 Rosemont Avenue, Suite 502

Number Street

P.O. Box 8875

Last 4 digits of account number 2 1 4 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Camp Hill **PA** **17001-8875**
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical services

4.5

\$239.00

Bureau of Account Management

Nonpriority Creditor's Name

3607 Rosemont Avenue, Suite 502

Number Street

P.O. Box 8875

Last 4 digits of account number 5 5 2 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Camp Hill **PA** **17001-8875**
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical services

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.6

\$2,749.29

CACH LLC

Nonpriority Creditor's Name
4340 S Monaco Street
 Number Street

Last 4 digits of account number 1 5 5 2

When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Denver **CO** **80237**
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Judgment

4.7

\$60.00

Central Credit Services

Nonpriority Creditor's Name
9550 Regency Square Boulevard
 Number Street
Suite 500

Last 4 digits of account number 0 5 3 2

When was the debt incurred? 02/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Jacksonville **FL** **32225**
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for Camp Hill Emergency Physicians

4.8

\$79.00

Commonwealth Financial Systems

Nonpriority Creditor's Name
245 Main Street
 Number Street

Last 4 digits of account number 2 8 N 1

When was the debt incurred? 03/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dickson City **PA** **18519**
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for Camp Hill Emergency Physicians

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9

\$68.00

Commonwealth Financial Systems

Nonpriority Creditor's Name

245 Main Street

Number Street

Last 4 digits of account number 6 6 N 1

When was the debt incurred? 02/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dickson City

PA

18519

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.10

\$130.00

Debt Recovery Solutions, LLC

Nonpriority Creditor's Name

900 Merchants Concourse

Number Street

Suite LL 11

Last 4 digits of account number x x x x

When was the debt incurred? 01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Westbury

NY

11590

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.11

\$195.00

Financial Recoveries

Nonpriority Creditor's Name

P.O. Box 1388

Number Street

Last 4 digits of account number 9 4 9 2

When was the debt incurred? 09/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Mount Laurel

NJ

08054

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Holy Spirit Hospital

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.12

Unknown

Internal Revenue Service

Nonpriority Creditor's Name

Centralized Insolvency Operation

Number Street

P.O. Box 7346

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Philadelphia

PA

19101-7346

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Potential tax liability

4.13

\$55.00

National Recovery Agency

Nonpriority Creditor's Name

2491 Paxton Street

Number Street

Last 4 digits of account number 4 8 2 4

When was the debt incurred? 07/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Harrisburg

PA

17111

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Penn State Hershey

4.14

\$140.00

National Recovery Agency

Nonpriority Creditor's Name

2491 Paxton Street

Number Street

Last 4 digits of account number 4 8 2 3

When was the debt incurred? 07/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Harrisburg

PA

17111

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Penn State Hershey

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$158.00

National Recovery Agency

Nonpriority Creditor's Name

2491 Paxton Street

Number Street

Last 4 digits of account number 8 1 9 2

When was the debt incurred? 06/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Harrisburg **PA** **17111**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for MSHMC Physicians Group

4.16

\$59.00

National Recovery Agency

Nonpriority Creditor's Name

2491 Paxton Street

Number Street

Last 4 digits of account number 2 2 3 1

When was the debt incurred? 05/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Harrisburg **PA** **17111**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Spirit Physician Services

4.17

\$177.00

National Recovery Agency

Nonpriority Creditor's Name

2491 Paxton Street

Number Street

Last 4 digits of account number 3 0 7 4

When was the debt incurred? 05/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Harrisburg **PA** **17111**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Penn State Hershey

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.18

\$60.00

National Recovery Agency

Nonpriority Creditor's Name

2491 Paxton Street

Number Street

Last 4 digits of account number 3 0 7 3

When was the debt incurred? 05/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Harrisburg

PA

17111

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Penn State Hershey

4.19

\$71.00

National Recovery Agency

Nonpriority Creditor's Name

2491 Paxton Street

Number Street

Last 4 digits of account number 3 5 6 1

When was the debt incurred? 04/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Harrisburg

PA

17111

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Susquehanna Valley Surgery

4.20

\$59.00

National Recovery Agency

Nonpriority Creditor's Name

2491 Paxton Street

Number Street

Last 4 digits of account number 7 4 8 4

When was the debt incurred? 03/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Harrisburg

PA

17111

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Holy Spirit Medical Group

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.21

\$51.00

National Recovery Agency

Nonpriority Creditor's Name

2491 Paxton Street

Number Street

Last 4 digits of account number 5 1 9 8

When was the debt incurred? 11/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Harrisburg

PA

17111

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Cumberland Orthopedics 1st

4.22

\$79.00

Northeast Credit & Collections

Nonpriority Creditor's Name

P.O. Box 3358

Number Street

Last 4 digits of account number x x x x

When was the debt incurred? 03/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Scranton

PA

18505-0358

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Camp Hill Emergency Physicians

4.23

Unknown

PA Department of Revenue

Nonpriority Creditor's Name

Bankruptcy Division

Number Street

P.O. Box 280946

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Harrisburg

PA

17128-0946

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Potential tax liability

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.24

\$2,506.00

Portfolio Recovery

Nonpriority Creditor's Name

P.O. Box 41067

Number Street

Norfolk

VA 23541

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.25

State Collection Service

Nonpriority Creditor's Name

P.O. Box 6250

Number Street

Madison

WI 53716

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.26

State Collection Service

Nonpriority Creditor's Name

P.O. Box 6250

Number Street

Madison

WI 53716

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred? **01/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Factoring Co. Acct. World Fin. Netw

Last 4 digits of account number **6 3 1 4**

When was the debt incurred? **08/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Holy Spirit Hospital

Last 4 digits of account number **3 3 5 2**

When was the debt incurred? **07/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Holy Spirit Hospital

\$208.00

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.27

\$581.00

State Collection Service

Nonpriority Creditor's Name

P.O. Box 6250

Number Street

Madison

WI

53716

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.28

\$609.00

State Collection Service

Nonpriority Creditor's Name

P.O. Box 6250

Number Street

Madison

WI

53716

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.29

\$59.00

State Collection Service

Nonpriority Creditor's Name

P.O. Box 6250

Number Street

Madison

WI

53716

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 2 8 4 2

When was the debt incurred? 10/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Holy Spirit Hospital

Last 4 digits of account number 0 3 5 3

When was the debt incurred? 11/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Holy Spirit Hospital

Last 4 digits of account number 7 3 0 1

When was the debt incurred? 07/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Holy Spirit Hospital

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.30

\$244.00

State Collection Service

Nonpriority Creditor's Name

P.O. Box 6250

Number Street

Last 4 digits of account number 5 5 5 3

When was the debt incurred? 09/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Madison

WI

53716

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Holy Spirit Hospital

4.31

\$88.00

Transworld Systems, Inc.

Nonpriority Creditor's Name

507 Prudential Road

Number Street

Last 4 digits of account number x x x x

When was the debt incurred? 05/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Horsham

PA

19044-2308

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Camp Hill Emergency Physicians

4.32

\$132.00

Transworld Systems, Inc.

Nonpriority Creditor's Name

507 Prudential Road

Number Street

Last 4 digits of account number x x x x

When was the debt incurred? 05/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Horsham

PA

19044-2308

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for Camp Hill Emergency Physicians

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Frederic I. Weinberg, Esquire

Name

Gordon & Weinberg, P.C.

Number Street

1001 East Hector Street

Suite 220

Conshohocken

City

PA

State

19428

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 **Troy** **W.** **Scott, III**
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$25,801.29</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$25,801.29</u>

Fill in this information to identify your case:

Debtor 1	<u>Troy</u>	<u>W.</u>	<u>Scott, III</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Ja'Net</u>	<u>M.</u>	<u>Bryant-Scott</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DIST. OF PENNSYLVANIA</u>			
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease**State what the contract or lease is for**

2.1 David Ionni
Name

Number Street

City State ZIP Code

Lease for business property located at 2539 Walnut Street, Harrisburg, PA 17103
Contract to be ASSUMED

Fill in this information to identify your case:			
Debtor 1	Troy	W.	Scott, III
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Ja'Net	M.	Bryant-Scott
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)
 - ☒ No
 - ☐ Yes
- Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
 - ☒ No. Go to line 3.
 - ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 - ☐ No
 - ☐ Yes
- In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	<u>Troy</u>	<u>W.</u>	<u>Scott, III</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Ja'Net</u>	<u>M.</u>	<u>Bryant-Scott</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>MIDDLE DIST. OF PENNSYLVANIA</u>		
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Occupation****Employer's name****Employer's address****Debtor 1**

- ☒ Employed
☐ Not employed

R.S.C.AT&T Mobility Services, LLCCamp Hill, PA
Number Street

City State Zip Code

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

R.S.C.AT&T Mobility Services, LLCLebanon, PA
Number Street

City State Zip Code

How long employed there? 8 years4 years**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<u>\$3,932.57</u>	<u>\$4,309.17</u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	<u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$3,932.57</u>	<u>\$4,309.17</u>

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$3,932.57	\$4,309.17
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$805.25	\$1,100.46
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$230.82	\$251.88
5d. Required repayments of retirement fund loans	5d. \$285.27	\$146.56
5e. Insurance	5e. \$192.00	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$43.32	\$43.32
5h. Other deductions. Specify: _____	5h. + \$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$1,556.66	\$1,542.22
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$2,375.91	\$2,766.95
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$144.40
8h. Other monthly income. Specify: 2015 Federal Tax Refund	8h. + \$0.00	\$492.25
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$0.00	\$636.65
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$2,375.91	\$3,403.60
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. \$5,779.51	\$5,779.51
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		Combined monthly income

Fill in this information to identify your case:

Debtor 1	<u>Troy</u>	<u>W.</u>	<u>Scott, III</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Ja'Net</u>	<u>M.</u>	<u>Bryant-Scott</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DIST. OF PENNSYLVANIA</u>			
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY**Official Form 106J****Schedule J: Your Expenses****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.**2. Do you have dependents?**☐ No☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2**Dependent's age****Does dependent live with you?**19 yearsDaughter☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes**3. Do your expenses include expenses of people other than yourself and your dependents?**☒ No☐ Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses**4. The rental or home ownership expenses for your residence.**

Include first mortgage payments and any rent for the ground or lot.

4. \$1,781.52**If not included in line 4:**

4a. Real estate taxes

4a.

4b. Property, homeowner's, or renter's insurance

4b.

4c. Home maintenance, repair, and upkeep expenses

4c. \$200.00

4d. Homeowner's association or condominium dues

4d.

Debtor 1 **Troy** **W.** **Scott, III**
First Name Middle Name Last Name

Case number (if known) _____

Your expenses

5. **Additional mortgage payments for your residence, such as home equity loans** 5. _____
6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. \$135.00
- 6b. Water, sewer, garbage collection 6b. \$65.00
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$520.00
- 6d. Other. Specify: _____ 6d. _____
7. **Food and housekeeping supplies** 7. \$625.00
8. **Childcare and children's education costs** 8. _____
9. **Clothing, laundry, and dry cleaning** 9. \$225.00
10. **Personal care products and services** 10. \$60.00
11. **Medical and dental expenses** 11. \$210.00
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$450.00
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$225.00
14. **Charitable contributions and religious donations** 14. _____
15. **Insurance.**
Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. \$45.00
- 15b. Health insurance 15b. _____
- 15c. Vehicle insurance 15c. \$240.00
- 15d. Other insurance. Specify: _____ 15d. _____
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ 16. _____
17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. _____
- 17b. Car payments for Vehicle 2 17b. _____
- 17c. Other. Specify: _____ 17c. _____
- 17d. Other. Specify: _____ 17d. _____
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).** 18. _____
19. **Other payments you make to support others who do not live with you.** Specify: _____ 19. _____

Debtor 1 **Troy** **W.** **Scott, III**
First Name Middle Name Last Name

Case number (if known) _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: **See continuation sheet** 21. + **\$250.00**

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. \$5,031.52
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. \$5,031.52

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$5,779.51
23b. Copy your monthly expenses from line 22c above.	23b. \$5,031.52
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$747.99

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

- ☐ No.
☒ Yes.

Explain here:

Debtor's car payment will be concluded in two months, freeing up income to pay their plan.

Debtor 1 **Troy** **W.** **Scott, III**
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify:

Pet care/food

\$50.00

Cigarettes

\$200.00

Total:

\$250.00

Fill in this information to identify your case:

Debtor 1	<u>Troy</u>	<u>W.</u>	<u>Scott, III</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Ja'Net</u>	<u>M.</u>	<u>Bryant-Scott</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DIST. OF PENNSYLVANIA</u>			
Case number (if known)	<u></u>		

☐ Check if this is an amended filing**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets**Your assets**
Value of what you own**1. Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B..... **\$243,000.00**

1b. Copy line 62, Total personal property, from Schedule A/B..... **\$89,581.12**

1c. Copy line 63, Total of all property on Schedule A/B..... **\$332,581.12**

Part 2: Summarize Your Liabilities**Your liabilities**
Amount you owe**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... **\$367,156.75**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... **\$0.00**

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... **+** **\$25,801.29**

Your total liabilities**\$392,958.04****Part 3: Summarize Your Income and Expenses****4. Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I..... **\$5,779.51**

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J..... **\$5,031.52**

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$8,238.31

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	\$0.00

Fill in this information to identify your case:

Debtor 1	<u>Troy</u>	<u>W.</u>	<u>Scott, III</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Ja'Net</u>	<u>M.</u>	<u>Bryant-Scott</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DIST. OF PENNSYLVANIA</u>			
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.


Sign Below


Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X 
Troy W. Scott, III, Debtor 1
Date 8/29/16
MM / DD / YYYY

X 
Ja'Net M. Bryant-Scott, Debtor 2
Date 08 29 2016
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Troy</u>	<u>W.</u>	<u>Scott, III</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Ja'Net</u>	<u>M.</u>	<u>Bryant-Scott</u>
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA

Case number
(if known) _____

☐ Check if this is an
amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$27,951.15</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$32,691.01</u>
For the last calendar year: (January 1 to December 31, <u>2015</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$50,880.74</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$56,137.00</u>
For the calendar year before that: (January 1 to December 31, <u>2014</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$63,386.00</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$57,707.00</u>

- 5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions	Gross income from each source (before deductions and exclusions
From January 1 of the current year until the date you filed for bankruptcy:	\$0.00	Pension income \$1,155.20
For the last calendar year: (January 1 to December 31, 2015)		Pension income \$1,733.00
For the calendar year before that: (January 1 to December 31, 2014)		Pension income \$1,733.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
- ☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
- ☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
IFinancial	6/19/16	\$1,020.00	\$680.00	<input type="checkbox"/> Mortgage
Creditor's name	7/19/16			<input checked="" type="checkbox"/> Car
6248 Chatham Glenn Way North	8/19/16			<input type="checkbox"/> Credit card
Number Street				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Harrisburg				
City				
PA				
State				
17111				
ZIP Code				
	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
AT&T	6/12/16	\$900.00	\$0.00	<input type="checkbox"/> Mortgage
Creditor's name	7/12/16			<input type="checkbox"/> Car
P.O. Box 8209	8/12/16			<input type="checkbox"/> Credit card
Number Street				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input checked="" type="checkbox"/> Other <u>Utility</u>
South Hackensack				
City				
NJ				
State				
07606-8209				
ZIP Code				

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title
Ditech Fin., LLC v. Ja'Net M. Bryant-Scott et al

Nature of the case
**Mortgage Foreclosure
Complaint filed 05/26/2016**

Case number 2016-03060 Civil

Court or agency
Court of Common Pleas

Court Name
Cumberland County, PA

Number Street

City State ZIP Code

Status of the case
☒ Pending
☐ On appeal
☐ Concluded

Case title
East Pennsboro Township v. Troy Scott et al

Nature of the case
**Civil
Writ of Scire Facias filed
06/07/2016 regarding municipal
lien 2016-1021-MLD**

Case number 2016-03229 Civil

Court or agency
Court of Common Pleas

Court Name
Cumberland County, PA

Number Street

City State ZIP Code

Status of the case
☒ Pending
☐ On appeal
☐ Concluded

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<u>Purcell, Krug & Haller</u>	<u>\$310.00</u>		
<u>1719 North Front Street</u>		<u>6/27/16</u>	<u>\$310.00</u>
<u>Harrisburg, PA 17102</u>			
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Pioneer Credit Counseling	\$15.00		
Person Who Was Paid			

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Schiffman, Sheridan & Brown	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid	\$190.00 plus \$310.00 filing fee		

2080 Linglestown Road
Number Street

Harrisburg **PA** **17110**
City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

Naturally Yours Hair Salon
Business Name

Describe the nature of the business
Hair Salon

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____

2539 Walnut Street
Number Street

Name of accountant or bookkeeper

Dates business existed

From 2009 To present

Harrisburg, PA 17103

City State ZIP Code

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Debtor 1 Troy W. Scott, III Case number (if known) _____
First Name Middle Name Last Name

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x [Signature]
Troy W. Scott, III, Debtor 1
Date 8/29/16

x [Signature]
Ja'Net M. Bryant-Scott, Debtor 2
Date 08/29/2016

Did you attach additional pages to Your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No
☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

IN THE UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF PENNSYLVANIA
HARRISBURG DIVISION

In re:
Troy W. Scott, III
Ja'Net M. Bryant-Scott

Case No.:
Chapter: 13

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:

See attached rider.

Prior to the filing of this statement I have received:

\$190.00.

Balance Due:

See attached rider.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other(Specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other(Specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required; and
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof.

All other matters disclosed in the written fee agreement.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Those disclosed in the written fee agreement.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

8/30/16
Date


Tracy L. Updike
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Rider to Statement Pursuant to Rule 2016(b)
Troy W. Scott, III and Ja'Net M. Bryant-Scott
Case No. 1-16-

Debtors have agreed to be billed hourly. Debtors have paid \$190.00 towards that fee pre-petition to Schiffman, Sheridan & Brown, P.C. All services will be billed at Schiffman, Sheridan & Brown, P.C.'s hourly rates then in effect at the time of billing, which are now fixed at \$300.00 to \$375.00 per hour for partners, \$200.00 to \$250.00 per hour for associate attorneys and \$150.00 per hour for paralegals. Schiffman, Sheridan & Brown, P.C. will submit to the Court Applications for Compensation in relation to such fees as required.